



Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		<b>Complete if Known</b>	
		Application Number	10/766,760
		Filing Date	January 27, 2004
		First Named Inventor	Michael L. Klein
		Art Unit	1637
		Examiner Name	CM Babic
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		Attorney Docket Number	49321-117/OHSU#642

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
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		CARPTEN ET AL., <i>A 6-Mb High-Resolution Physical and Transcription Map Encompassing the Hereditary Prostate Cancer 1 (HPC1) Region</i> , GENOMICS, 64:1-14, 2000.	
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Examiner Signature 		Date Considered 03/17/06	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformation with MPEP 609. Draw line through citation if not in conformation and not considered. Include copy of this form with next communication to applicant.

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